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62095 7590 02/09/2009

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 I hereby certify that this paper and/or fee is being transmitted
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Cathryn Terchek

(Depositor's name)

Cathryn Terchek

(Signature)

February 05 2009

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
10/000,379	10/31/2001	Lalit K. Mcstha	D/A1097 XER 2 0437	9053

TITLE OF INVENTION: MODEL BASED DETECTION AND COMPENSATION OF GLITCHES IN COLOR MEASUREMENT SYSTEMS

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/11/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
KOCH, GEORGE R	1791	156-212000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Xerox Corporation

Norwalk, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies -

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge my required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 24-1037 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Patrick R. Roche

Typed or printed name

Date *2/12/09*

29,580

Registration No.

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